	Connecticut Departmen	nt of Public H	lealth	Dı	rinking	Water	· Se	ection	
	Water Quality Mo				_				
PWS ID	PWS Name	01110011118 0111	0. 0011	-		T	_	ner Type P	rimary Source
CT0870062	CAMP WASHINGTON, INC.				NC	30		Р	GW
Local Address ((where applicable)	Service	Resider	ntial	Commerci	al Industri	ial	Combined	Agricultural
190 KENYON R	OAD	Connections	1						
Towns Served:	MORRIS					·			
	M	onitoring Requ	iireme	nts	•				
Water System	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Colifor	m (3100)					1	L ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period C	ollection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/18	- 12/	31/18			Co	mplete
			1/1/19	- 3/3	1/19			Co	mplete
			4/1/19	- 6/3	0/19				
			7/1/19	- 9/3	0/19				
Physical Para	ameters (PPS)					1	L ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period C	ollection Pe	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/18	- 12/	31/18			Co	mplete
		·	1/1/19	- 3/3	1/19	·		Co	mplete
			4/1/19	- 6/3	0/19				
			7/1/19	- 9/3	0/19				

Water System Facility: ENTRY POINT - WELLS 5 & 5A (W	'SF ID: 00700)		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELLS 5 & 5A (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 00701)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 1 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION SURVEY REPORT 3/1/2020

	Water System Facility and Sampling Point Inventory											
Water					Total	Lead and						
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR			
00600	DISTRIBUTION SYSTEM	3	GENERATED BY BATCH	Α	Υ							
		4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT - WELLS 5 & 5A	3	EP - WELLS 5 & 5A	Α								
00701	ENTRY POINT - WELL 1	3	EP - WELL 1	Α								
20045	WELL 5	2	WELL	Α								
52903	WELL 5A	2	WELL 5A	Α								
I												

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	oring an	d Con	npli	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0870062	CAMP WASHINGTON, INC.				NC	30	Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
190 KENYON F	190 KENYON ROAD							

Connecticut Department of Public Health Drinking Water Section

Towns Served: MORRIS

	Water	System Facili	ity and Sampling	g Point lı	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	- ´ '	Lead and Copper Rule Tier	Asbestos	Stag WQP 2 DE	_
55160	WELL 1	2	WELL 1	Α					
61066	ATMOSPHERIC STORAGE TANK								

01000 ATMOSP	HENIC STORAG	JL IAINK							
			(Contact Inf	ormation				
Name				Organization				Job Title	
Ms. Jean Handler				Camp Washi	ngton		Executive D	irector	
Mailing Address Lin	e One		Mailing Ac	Idress Line Two			City	State	Zip Code
190 Kenyon Road						Lakeside		СТ	06758
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	<u> </u>	
860-567-9623		860-567-3	3037		860-567-2020	JHANDLE	R@CTDIOC	ESE.ORG	
Contact Role(s): Le	gal Contact								
Name				Organization	l			Job Title	
Reverend Douglas	Γlan			Camp Washi	ngton Inc		Bishop, Pre	sident	
Mailing Address Lin	e One		Mailing Ac	Idress Line Two			City	State	Zip Code
1335 Asylum Avenu	е					Hartford		СТ	06105
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
Contact Role(s): O	wner								
Name				Organization				Job Title	
Mr. Bart Geissinger	•			Camp Washi	ngton,Inc.		Executive D	irector	
Mailing Address Lin	e One		Mailing Ac	Idress Line Two			City	State	Zip Code
190 Kenyon Road						Lakeside		СТ	06758
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-567-3037	310					camp@c	ampwashin	gton.org	

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner Type Primary Source										
СТ0870024	EBNER CAMPS, INC. (AWOSTING)			NC	25	Р	GW			
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
ROUTE 109		Connections			1					
Towns Served: MORRIS										
Monitoring Requirements										

Local Add	lress (where applicable)		Service	Residentia	Comm	ercial	Industrial	Combined	Agricultura
ROUTE 10)9		Connections		1	-			
Towns Se	rved: MORRIS				'	,			
		Monito	oring Requ	iirement	S				
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Co	oliform (3100)						1 r	outine (RT)	per month
Sam	pling Point (Sampling Point ID))		Monitoring	Period	Collec	tion Period		iance Status
Sele	ct from Inventory of Active Sam	pling Points		6/1/19 - 6/	30/19				
				7/1/19 - 7/	31/19				
				8/1/19 - 8/	31/19				
				9/1/19 - 9/	30/19				
Physical	Parameters (PPS)						1 re	outine (RT)	per month
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	l Compli	iance Status
Sele	ct from Inventory of Active Sam	pling Points		6/1/19 - 6/	30/19				
				7/1/19 - 7/	31/19				
				8/1/19 - 8/	31/19				
				9/1/19 - 9/	30/19				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate .	And Nitrite (NOX)						1	routine (F	RT) per year
Sam	pling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	l Compli	iance Status
ENTI	RY POINT (3)			1/1/18 - 12,	/31/18	4,	/1-9/30	Co	mplete
				1/1/19 - 12,	/31/19	4,	/1-9/30		
				1/1/20 - 12,	/31/20	4,	/1-9/30		
		Other C	ompliance	Schedul	es				
Complian	ce Schedule Activity			Du	e Date		Achieved	l Date	
RESPOND	TO SANITARY SURVEY			3/1	7/2006				
SEASONA	L START UP COMPLETION			6/1	/2019				
	Wate	er System Facili	ity and Sar	npling P	oint Ir	vento	ory		
Water		•				Total	Lead and	 d	
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn	n Copper		Stage
Facility II		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
21540	WELL	2	WELL		Α				
		Con	tact Infori	nation					
Name			rganization					Job Title	
	n R. Ebner		oner Camps Inc			Pr	esident		
	ddress Line One	Mailing Addres	-	•			City	State	Zip Code
	on Avenue	8 1 3 3 5			To	rrington		СТ	06790

176 Migeon Avenue Torrington CT 06790 **Business Phone** Emergency Phone | Email Address Extension Fax Mobile Phone 860-379-4050 860-626-8301 860-459-8473 Kevin@awosting.com Contact Role(s): Legal Contact

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticu	ıt Depa	rtment c	of Public	Health	Drir	ıking	, Water	Section	
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classifi	ication	Population	Owner Type	Primary Source
CT0870024 E	BNER CAMPS, IN	IC. (AWOS	TING)		N	С	25	Р	GW	
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
ROUTE 109				Connection	ns		1			
Towns Served: MC	ORRIS				,	,		,		
Name			(Organization					Job Titl	е
Mr. Darren Ley										
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	State	Zip Code
176 Migeon Ave							Torring	gton	СТ	06790
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	y Phone	Email A	Address		
860-379-6500							darren	@boulderda	ay.com	
Contact Role(s):	Administrative C	ontact					1			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monito				C			
PWS ID	PWS Name		Classification		Population	Owner Type	Primary Source	
CT0870054	EAST MORRIS XTRA MART/CITGO GAS STATI	ON			NC	25	Р	GW
Local Address	(where applicable)	Residen	ntial	Commercia	al Industri	al Combin	ed Agricultural	
1 THOMASTON	N ROAD	Connections			1			

Towns Served: MORRIS						1
	Monitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM	1 (WSF ID: 00600)					
Total Coliform (3100)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period Co	ollection Perio		nce Status
Select from Inventory of Active Sampling Points	5 1	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Physical Parameters (PPS)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period Co	ollection Perio	d Complic	nce Status
Select from Inventory of Active Sampling Points	5 1	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: ENTRY POINT (WSF ID	: 00700)					
Nitrate And Nitrite (NOX)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period Co	ollection Perio	d Complic	ince Status
ENTRY POINT (3)	1	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Water System Facility: WELL (WSF ID: 21543)						
E. Coli (3014)				1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period Co	ollection Perio	d Complic	ınce Status
WELL (2)	1	10/1/18 - 12	2/31/18		Cor	nplete
		1/1/19 - 3/	/31/19		Cor	nplete
		4/1/19 - 6/	/30/19			
		7/1/19 - 9/	/30/19			
Pub	lic Notification R	equiren	nents			
	Compliance	Notice	Public No	otification	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	10/1/04 - 12/31/04	2	6/25/2005		7/5/2005	
Total Coliform M&R Violation	11/1/04 - 11/30/04	2	6/25/2005		7/5/2005	
Nitrate And Nitrite M&R Violation	7/1/05 - 9/30/05	2	2/22/2006		3/4/2006	

INIL	.i ate Ai	id Mittitle Mak Violation	I	//1/03	- 3/30/03	2	2/22/20	000		3/4/2000		
			Water System F	acility	and Sam	npling Po	oint In	ventor	у			
S	Vater ystem cility ID	Water System Facility	Sampling ID		mpling Poin	ot .	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
C	00600	DISTRIBUTION SYSTEM	1 4	DIS	STRIBUTION	SYSTEM	Α	Υ				
			DOWNSTF	REAM WI	ITHIN 5 SERV	VICE CON	Α					
			UPSTRE	AM WI	ITHIN 5 SERV	VICE CON	Α					

	Water Quality Monit				U		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0870054	EAST MORRIS XTRA MART/CITGO GAS STAT	ION		NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commer	cial Industr	ial Combine	ed Agricultural

Connections

1

Connecticut Department of Public Health Drinking Water Section

1 THOMASTON ROAD
Towns Served: MORRIS

	Wa	ter System Facili	ity and Samplin	g Point Ir	vento	ſy		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α				
21543	WELL	2	WELL	Α				
53043	UV							
53045	SOFTENER							

			C	Contact Inf	ormation				
Name				Organization	1			Job Title	
Drake Petroleum C	ompany, Inc.								
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
15 Ne Industrial Ro	ad					Branford	I	СТ	06405
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ac	ldress		
845-238-7354									
Contact Role(s): O	wner		,						
Name				Organization	1			Job Title	
Mr. Eric Harvey				Drake Petrol	leum Company, Inc		Envnmtl Pr	oject Mngr	
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
			15 Ne Indus	strial Road		Branford	l	СТ	06405
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ac	ldress		
845-238-7354						eharvey	@globalp.co	om	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut De	•								
	Water Qı	iality Monit	oring and	d Con	ıpli	ianc	e Sch	iedule		
PWS ID	PWS Name				Clas	sificati	on Pop	ulation O	wner Type	Primary Source
СТ0870114	GIOVANNIS MORRIS PIZZ	A & RESTAURANT				NC		25	Р	GW
Local Address (where applicable)		Service	Residen	tial	Comm	ercial	Industrial	Combine	d Agricultural
227 EAST STREE	ET		Connections			1				
Towns Served:	MORRIS									
		Monito	oring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)							
Total Coliforn	m (3100)							1 r	outine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitori			Collec	tion Perio	d Comp	liance Status
Select fror	n Inventory of Active Samp	ling Points		10/1/18 -	12/3	31/18			(Complete
				1/1/19 -					(Complete
				4/1/19 -						
				7/1/19 -	9/30	0/19				
_	meters (PPS)							1 r	-) per quarter
	Point (Sampling Point ID)			Monitori			Collec	tion Perio	d Comp	liance Status
Select fror	m Inventory of Active Samp	ling Points		10/1/18 -						Complete
				1/1/19 -					(Complete
				4/1/19 -	-	-				
				7/1/19 -	9/30)/19				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (104	0)							1 r	outine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio	d Comp	liance Status
ENTRY PO	INT (3)			1/1/19 -	3/31	L/19			(Complete
				4/1/19 -	6/30)/19				
				7/1/19 -	9/30)/19				
Nitrite (1041	L)								1 routine	(RT) per year
	Point (Sampling Point ID)			Monitori			Collec	tion Perio		liance Status
ENTRY PO	INT (3)			1/1/19 -	12/3	1/19			(Complete
				1/1/20 -	12/3	1/20				
	Nitrite (NOX)								1 routine	(RT) per year
	Point (Sampling Point ID)			Monitori			Collec	tion Perio		liance Status
ENTRY PO	INT (3)			1/1/18 -	12/3	1/18			(Complete
		Other Co	ompliance	Sched	lule	S				
Compliance Sch	hedule Activity				Due L	Date		Achieve	ed Date	
RESPOND TO SA	ANITARY SURVEY				3/4/2	2018				
	Water	System Facili	ity and Sar	npling	Poi	int In	vento	ory		
Water							Total	Lead ar	nd	
	ter System Facility	Sampling Point		nt			Coliforn			Stage
Facility ID		ID	Description			Status	Rule	Rule Ti	er Asbesto	s WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α				

ENTRY POINT

WELL

WITHIN 5 SERVICE CON

Α

Α

Α

UPSTREAM

3

2

00700 ENTRY POINT

WELL

PRESSURE STORAGE

21548

54178

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/C NI	Cl::::+:	Daniel Latine	O	Date

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0870114	GIOVANNIS MORRIS PIZZA & RESTAURANT				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
227 EAST STREE	Т	Connections			1			

		Co	ontact Inf	ormation				
			Organization	า			Job Title	
			C/O Giovann	ni's Morris Pizza		Owner		
e One		Mailing Addr	ess Line Two			City	State	Zip Code
					Morris		СТ	06763
Business Phone Extension Fax			Mobile Phone Emergency Phone			ddress		
			e One Mailing Addr	Organization C/O Giovann e One Mailing Address Line Two	-	Organization C/O Giovanni's Morris Pizza e One Mailing Address Line Two Morris	Organization C/O Giovanni's Morris Pizza Owner e One Mailing Address Line Two City Morris	Organization Job Title C/O Giovanni's Morris Pizza Owner e One Mailing Address Line Two City State Morris CT

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C D		'D 11: T	r 1.1 m	1				
	Connecticut Depa							ection	
	Water Qual	ity Monit	oring an	d Comp	olianc	ce Sch	edule		
PWS ID	PWS Name			С	lassificat	ion Popu	ulation Ow	ner Type Pr	rimary Source
CT0870164	MORRIS COMMUNITY HALL	AND LIBRARY			NC		25	L	GW
Local Address (v	vhere applicable)		Service	Residentia	l Comm	nercial I	ndustrial	Combined	Agricultural
3 EAST STREET			Connections		2	2			
Towns Served: N	MORRIS				·	·			
		Monito	oring Requ	uirement	ts				
Water System	Facility: DISTRIBUTION SY	STEM (WSF II	D: 00600)						
Total Coliform	n (3100)						1 ro	utine (RT) լ	oer quarter
Sampling F	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select from	Inventory of Active Sampling	Points		10/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 3/	/31/19			Co	mplete
				4/1/19 - 6/	/30/19				
				7/1/19 - 9/	/30/19				
Physical Parar	meters (PPS)						1 ro	utine (RT) <mark>լ</mark>	oer quarter
Sampling P	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select from	Inventory of Active Sampling	Points		10/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 3/	/31/19			Co	mplete
				4/1/19 - 6/	/30/19				
				7/1/19 - 9/	/30/19				
Water System	Facility: ENTRY POINT (W	/SF ID: 00700)							
Nitrate (1040)						1 ro	utine (RT) <mark>լ</mark>	per quarter
Sampling P	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
ENTRY POII	NT (3)			10/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 3/	/31/19			Co	mplete
				4/1/19 - 6/	/30/19				
				7/1/19 - 9/	/30/19				
Nitrite (1041)							1	routine (R	T) per year
Sampling F	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
ENTRY POII	NT (3)			1/1/18 - 12	2/31/18			Co	mplete
				1/1/19 - 12	/31/19			Co	mplete
				1/1/20 - 12	/31/20				
		Other Co	ompliance	Schedu	les				
Compliance Sch	edule Activity			Du	e Date		Achieved	Date	
RESPOND TO SA	NITARY SURVEY			1/1	.5/2015				
	Water Sy	stem Facili	ty and Sai	mpling P	oint Ir	nvento	ry		
Water						Total	Lead and	1	
*	er System Facility	Sampling Point		int		Coliform			Stage
Facility ID		ID .	Description		Status		Rule Tiei	Asbestos	WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SEF	RVICE CON	Α				

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

56019 BLADDER TANK

21552 WELL 1

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prim	ary Source
CT0870164	MORRIS COMMUNITY HALL AND LIBRARY				NC	25	L		GW
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed A	gricultural
3 EAST STREET		Connections			2				
Towns Served: N	MORRIS				,		,		

Connecticut Department of Public Health Drinking Water Section

				Cor	ntact Info	ormation				
Name				C	Organization				Job Title	<u>,</u>
Morris										
Mailing Address Lin	e One		Mailing	Addre	ss Line Two			City	State	Zip Code
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	Email Ad	ddress		
Contact Role(s): O	wner									
Name				C	Organization				Job Title	<u> </u>
Mr. Tom Weik				Т	own of Mor	ris		First Select	man	
Mailing Address Lin	e One		Mailing	Addre	ss Line Two			City	State	Zip Code
Morris Community	Hall		3 East S	Street, F	P.O. Box 66		Morris		СТ	06763-0066
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	Email Ad	ddress		
860-567-7430		860-567-	7432				1stselec	tman@towr	nofmorrisct.c	com
Contact Role(s): A	dministrative	Contact, Leg	al Conta	act		•	•			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Co	onnectic	ut Departmei	nt of	f Public	Health I	Drin	king '	Water	Section	
	Wa	ter Quality M	onit	oring a	nd Comi	olia	nce So	chedule	2	
PWS ID PV	VS Name	oor Quality 11		011110						Primary Source
CT0870214 5 \	WATERTOWN	ROAD (RT 63) - MORI	RIS			N		25	Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Coi	mmercial	Industria	I Combine	ed Agricultural
				Connectio	ns		1			
Towns Served: MOI	RRIS							1		
		M	onit	oring Re	quiremen	ts				
Water System Fac	cility: DISTR	RIBUTION SYSTEM (WSF I	D: 00600)						
Total Coliform (3	-							1	-) per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitoring	g Perio	od Col	lection Per	iod Com _l	oliance Status
Select from Inv	ventory of Act	ive Sampling Points			4/1/19 - 6					
					7/1/19 - 9	/30/1	9			
Physical Paramet	= =								=) per quarter
Sampling Poin					Monitoring			lection Per	iod Com _l	oliance Status
Select from Inv	ventory of Act	ive Sampling Points			4/1/19 - 6					
					7/1/19 - 9	/30/1	9			
,	•	Y POINT (WSF ID: 0	0700)							
Nitrate And Nitri	•									(RT) per year
Sampling Poin		oint ID)			Monitoring			lection Per	iod Com _l	oliance Status
ENTRY POINT ((3)				1/1/19 - 12					
					1/1/20 - 12	2/31/2	.0			
		Water System	Facil	ity and S	ampling P	oint	Inven	tory		
Water							Tota			
	ystem Facility		Point	Sampling I			Colife			Stage
Facility ID	ITION SYSTEM	ID		Description		Sta			lier Asbesto	os WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM				ION SYSTEM	Α				
					SERVICE CON	Α				
		UPSTRI	AM		SERVICE CON	Α				
00700 ENTRY P	OINT	3		ENTRY POI	NI	Α				
29613 WELL 1		2		WELL 1		Α	1			
			Con	tact Info	rmation					
Name			0	rganization					Job Title	9
Mr. David M. Gerei	mia		Li	damari, LLC				Principal N	1ember	
Mailing Address Lin	e One	Mailing A	Addres	s Line Two				City	State	Zip Code
393 Thomaston Ave	enue						Waterbu	ıry	СТ	06702
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency P	hone	Email Ad	dress		
860-567-2299					203-509-59	957	dlgerem	ia@aol.com	ı	
Contact Role(s): O	wner		ı					T		
Name			0	rganization					Job Title	е
Mr. Jan Sjogren		1		he Barn			1			
Mailing Address Lin	e One	Mailing A	Addres	s Line Two				City	State	Zip Code
5 Watertown Rd							Morris		СТ	06763
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency P					
786-837-4536					203-963-92	231	sjogren.j	an@gmail.	com	

Contact Role(s): Administrative Contact, Legal Contact

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/C Nome	Classification	Donulation	Owner Tune	Drin

	Water Quality 1.10111tt	or mig am	a don	TP.	idifee t	ciicaai		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0870214	5 WATERTOWN ROAD (RT 63) - MORRIS				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment o	f Public H	Health	Drin	ıkin	ig Wa	ater	Se	ction	
	Water Q	uality Monit	toring an	d Com	plia	nce	Sche	edule	e		
PWS ID	PWS Name				Classifi	cation	n Popu	lation	Own	er Type I	Primary So
CT087024	BUDDHA ARIYAMETT AR	AM TEMPLE			N	С	2	25		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Co	mmer	cial In	ndustria	I	Combined	d Agricult
140 EAST	STREET (ROUTE 109)		Connections			1					
Towns Sei	rved: MORRIS										
		Monit	oring Requ	uiremei	nts						
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)								
Total Co	liform (3100)							1	rou	tine (RT)	per quar
Sam	pling Point (Sampling Point ID)			Monitorin	ng Perio	od	Collect	ion Per	iod	Comp	liance Stat
Selec	ct from Inventory of Active Samp	oling Points		10/1/18 -	12/31/	18				С	omplete
				1/1/19 -	3/31/1	9				С	omplete
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Physical	Parameters (PPS)							1	rou	tine (RT)	per quar
Sam	pling Point (Sampling Point ID)			Monitorin	ng Perio	od	Collect	ion Per	iod	Comp	liance Stat
Selec	ct from Inventory of Active Samp	oling Points		10/1/18 -	12/31/	18				С	omplete
				1/1/19 -	3/31/1	9				С	omplete
				4/1/19 -	6/30/1	9					
				7/1/19 -	9/30/1	9					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700))								
Nitrate A	And Nitrite (NOX)								1 ו	routine (RT) per ye
Sam	pling Point (Sampling Point ID)			Monitorin	ng Perio	od	Collect	ion Per	iod	Comp	liance Stat
ENTF	RY POINT (3)			1/1/18 - 1	12/31/1	18				С	omplete
				1/1/19 - 1	12/31/1	19				С	omplete
				1/1/20 - 1	12/31/2	20					
	Wate	r System Facil	ity and Sar	mpling	Point	t Inv	ento	ry			
Water							Total	Lead o	and		
System	Water System Facility	Sampling Point		int		C	oliform				Sto
Facility ID		ID	Description		Sta	tus	Rule	Rule 1	Tier	Asbestos	WQP 2 D
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	F	A	Υ				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	ļ ,	4					
00700	ENTRY POINT	3	ENTRY POINT	-	P	A					
21558	WELL	2	WELL		P	4					
		Cor	ntact Infori	mation							
Name		C)rganization							Job Title	
Mr. Kham	n Norasing	В	uddha Aram Te	emple			Воа	ard Mer	nbe	r	
Mailing A	ddress Line One	Mailing Addres	ss Line Two				Ci	ity		State	Zip Code
6 Polaris [Or					New	Milford	l		СТ	06776
										1	

Emergency Phone Email Address

knorasing@sbcglobal.net

Mobile Phone

Business Phone

860-567-0094

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarity 1.10111	corms am	a don	ipiidiiee	Jeneau.	10	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0870244	BUDDHA ARIYAMETT ARAM TEMPLE			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	al Industrial Coml		ed Agricultural
140 EAST STREE	Connections		1				
Tauma Camiadi I	MODDIC	<u>'</u>	•	'		<u>'</u>	

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		_									
	(Connecticut D	*				•	_		ection	
		Water (Quality Monit	oring and	d Comp	oliai	nce :	Sche	edule		
PWS ID		PWS Name			С	lassific	cation	Popu	lation Ov	vner Type	Primary Source
CT087025	54	POPEYS ICE CREAM SH	OPPE/RIPE TOMATO			NO	С	2	5	Р	GW
Local Add	ress (wl	here applicable)		Service	Residentia	l Cor	nmerc	ial In	dustrial	Combine	d Agricultura
7 - 7B WE	ST STRE	ET (ROUTE 109)		Connections			3				
Towns Sei	rved: M	ORRIS				1				1	
			Monito	oring Requ	irement	ts					
Water Sy	/stem F	acility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)							
Total Co	liform	(3100)							1 ro	utine (RT	per quarter
Sam	pling Po	oint (Sampling Point ID)		Monitoring	Perio	od C	Collecti	ion Perio	d Comp	liance Status
Select from Inventory of Active Sampling Points				:	10/1/18 - 12	2/31/2	18			(Complete
					1/1/19 - 3,	/31/19	9			(Complete
					4/1/19 - 6,						•
					7/1/19 - 9,						
Physical	Param	neters (PPS)			· · · · · ·	<u> </u>			1 ro	utine (RT	per quarter
-		oint (Sampling Point ID)		Monitoring	Perio	od (Collecti	on Perio	-	liance Status
_		Inventory of Active Sar	-		10/1/18 - 12						Complete
		,	1 0		1/1/19 - 3/						Complete
					4/1/19 - 6/						
					7/1/19 - 9/						
Water Sv	ıstem F	acility: ENTRY POI	NT (WSF ID: 00700)		-, =, == =,	.,					
		trite (NOX)	(,	l routine (RT) per year
		oint (Sampling Point ID)		Monitoring	Perio	nd (Collecti	ion Perio		liance Status
	RY POIN		/		1/1/18 - 12						Complete
LIVII	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 (3)			1/1/19 - 12						Complete
					1/1/20 - 12						ompiete
		\M/at	er System Facili		· ·			ntor	·\/		
14/est eur		vvac	er system racin	ity and Sar	iipiiiig r	Oiiit			-	-d	
Water	Water	System Facility	Sampling Point	Samplina Poi	nt			otai liform	Lead and Copper		Stage
Facility ID		System ruemey	ID	Description 1		Stat		Rule			s WQP 2 DBP
00600		IBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	<u>Stat</u> A	us	Υ			
00000	5.5111	.501101151512111	DOWNSTREAM			A		•			
			UPSTREAM	WITHIN 5 SER		A					
00700	FNTRV	' POINT	3	ENTRY POINT		^ A					
21559	WELL	· Olivi	2	WELL		^ A					
61054	SOFTE	NED	۷	VV LLL		A					
			2	\A/FII 2							
61230	WELL		2	WELL 2		А					
			Con	tact Inforr	nation						
Name			0	rganization						Job Title	
Ms. Suzar	nne Skil	ton									
Mailing A	ddress I	Line One	Mailing Addres	s Line Two				Ci	ty	State	Zip Code
7 West St	reet		4 South St				Morris	5		CT	06763

Emergency Phone Email Address

tskilton@optonline.net

860-567-9889

Mobile Phone

Business Phone

860-567-0504

Extension

Contact Role(s): Legal Contact, Owner

Fax

860-567-3583

(Connectici	ut Depa	rtment	of Public	Health	Drir	ıkıng	g Water	Section			
	Wat	ter Qual	ity Mor	nitoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0870254 F	POPEYS ICE CREA	AM SHOPPE/	RIPE TOMA	то		N	IC	25	Р	GW		
Local Address (wh	ere applicable)			Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural		
7 - 7B WEST STREET (ROUTE 109)			Connectio	ns	ns							
Towns Served: Mo	ORRIS											
Name				Organization					Job Title			
Mr. Richard Skilto	on											
Mailing Address L	ine One		Mailing Add	lress Line Two	ess Line Two			City	State	Zip Code		
7 West Street						Morris		СТ	06763			
Business Phone	Extension	Fax	M	lobile Phone	Emergency	y Phone	Email A	Address				
860-567-9889		860-567-3	3583		860-567	-3583						
Contact Role(s):	Administrative (Contact, Leg	al Contact. (Owner								

CD Lite II - Itl Detail to Marco

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of	Public H	lealth	D	rınkıng	, Water	Section	
	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0878024	WINVIAN FARM COUNTRY INN -COTTAGE SY	STEM			NC	30	Р	GW
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural
155 ALAIN WHITE ROAD		Connections			9			

Towns Served: MORRIS							
Monitor	ring Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)						
Total Coliform (3100)		1 routine					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Physical Parameters (PPS)		1 rout	ine (RT) per quartei				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete				
	1/1/19 - 12/31/19						
	1/1/20 - 12/31/20						
Other Co.	mnliance Schedules						

1/1/20 - 12/31/20								
Other C	ompliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date						
CROSS CONNECTION EXEMPTION	3/1/2024							

TION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Point Description GENERIC DISTRIBUTION WITHIN 5 SERVICE CON	Status A	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
TION SYSTEM	DOWNSTREAM		Α				
		WITHIN 5 SERVICE CON					
	UPSTREAM		Α				
	OI STILL AIVI	WITHIN 5 SERVICE CON	Α				
	WINCT001	LOG COTTAGE	Α	Υ			
	WINCT002	MUSIC COTTAGE	Α	Υ			
	WINCT003	BEAVER COTTAGE	Α	Υ			
	WINCT004	TREEHOUSE COTTAGE	Α	Υ			
	WINCT005	FISHING COTTAGE	Α	Υ			
	WINCT006	LODGE COTTAGE	Α	Υ			
	WINCT007	MARITIME COTTAGE	Α	Υ			
	WINCT008	WOOLAND COTTAGE	Α	Υ		Υ	
	WINCT009	GOLF COTTAGE	Α	Υ			
	WINCT010	ARTIST COTTAGE	Α	Υ			
	WINCT011	LIBRARY COTTAGE	Α	Υ			
		WINCT008 WINCT009 WINCT010	WINCT008 WOOLAND COTTAGE WINCT009 GOLF COTTAGE WINCT010 ARTIST COTTAGE	WINCTO08 WOOLAND COTTAGE A WINCTO09 GOLF COTTAGE A WINCTO10 ARTIST COTTAGE A	WINCT008 WOOLAND COTTAGE A Y WINCT009 GOLF COTTAGE A Y WINCT010 ARTIST COTTAGE A Y	WINCT008 WOOLAND COTTAGE A Y WINCT009 GOLF COTTAGE A Y WINCT010 ARTIST COTTAGE A Y	WINCT008 WOOLAND COTTAGE A Y Y WINCT009 GOLF COTTAGE A Y WINCT010 ARTIST COTTAGE A Y

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name					Population	Owner Type	Primary Source
CT0878024	WINVIAN FARM COUNTRY INN -COTTAGE SYSTEM				30	Р	GW
Local Address (where applicable)		Service	Resider	tial Commerc	ial Industri	al Combine	ed Agricultural
155 ALAIN WHI	TE ROAD	Connections		9			

	Water System Facility and Sampling Point Inventory											
Water					Total	Lead and						
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage			
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR			
		WINCT012	INVENTOR COTTAGE	Α	Υ							
		WINCT013	STONE COTTAGE	Α	Υ							
00700	ENTRY POINT	3	ENTRY POINT	Α								
52951	WELL G	2	WELL G	Α								
52953	WELL H	2	WELL H	Α								
52957	ATMOSPHERIC TANKS											
52959	PRESSURE TANK											

Contact Information											
Name				Organizatio	า	Job Title					
Ms. Heather Smith				Winvian Far	m Country Inn	Managing Director					
Mailing Address Line One Mailing Addr			Address Line Two	1		City	State	Zip Code			
155 Alain White Road				Morris			СТ	06763			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-567-9600		860-567-9	9660		860-567-9600	hsmith@	smith@winvian.com				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Schedule Generation Date: 4/11/2019

	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID	S ID PWS Name				ssification	Population	Owner Type	Primary Source				
CT0878034	MORRIS FIELD AND COMMUNITY PAVILION	MORRIS FIELD AND COMMUNITY PAVILION				25	L	GW				
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural				
83 EAST SHOR	E RD	Connections			1							
Towns Served:	MORRIS											

Local Address (where applicable)		Service	Residentia	Commer	Clai	muustriai	Combined	Agricultura
83 EAST SHORE RD		Connections		1				
Towns Served: MORRIS		1			'			
	Mon	itoring Requ	irement	:S				
Water System Facility: DISTRIBUTION	ON SYSTEM (WS	F ID: 00600)						
Total Coliform (3100)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Colle	ction Perio	d Complic	ance Status
Select from Inventory of Active San	npling Points		10/1/18 - 12	2/31/18			Cor	mplete
			1/1/19 - 3/	31/19			Cor	mplete
			4/1/19 - 6/	'30/19				
			7/1/19 - 9/	'30/19				
Physical Parameters (PPS)						1 rc	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Colle	ction Perio	d Complic	ance Status
Select from Inventory of Active San	npling Points		10/1/18 - 12	2/31/18			Cor	mplete
			1/1/19 - 3/	31/19			Cor	mplete
			4/1/19 - 6/	30/19				
			7/1/19 - 9/	'30/19				
Water System Facility: ENTRY POIN	NT (WSF ID: 0070	0)						
Nitrate And Nitrite (NOX)							1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Colle	ction Perio	d Complic	ance Status
ENTRY POINT (3)		1/1/18 - 12	/31/18			Cor	mplete	
			1/1/19 - 12	/31/19			Cor	mplete
			1/1/20 - 12	/31/20				
	Public N	otification R	equirem	nents				
		Compliance	Notice	<u>Public l</u>	Notif	ication	PN Certi	<u>ification</u>
Violation/Situation		Period	Tier	Required	l P	Performed	Due to DPH	Received
Total Coliform M&R Violation		/1/14 - 9/30/14	2	12/25/201			1/4/2015	
Physical Parameters M&R Violation	7	/1/14 - 9/30/14		11/25/201	L5		12/5/2015	
Wat	er System Fac	ility and Sar	npling P	oint Inv	ent	ory		
Water					Total	Lead an	d	
System Water System Facility		nt Sampling Poi	nt		olifor			Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α				
		M WITHIN 5 SER		Α				
	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				
58496 WELL #1	2	WELL #1		Α				
	Co	ontact Inform	mation					
Name		Organization					Job Title	

Contact Information										
Name				Organizatio	n		Job Title			
Mr. Tom Weik				Town of Mo	orris		First Selectm	an		
Mailing Address Lin	e One		Mailing	Address Line Two)		City	State	Zip Code	
Morris Community	Hall		3 East S	treet, P.O. Box 66		Morris		СТ	06763-0066	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Email Address			
860-567-7430		860-567-	7432			1stselectman@townofmorrisct.com				
	'		,							

	Connecticut Department of Public Health	Drinking	Water	Section						
	Water Quality Monitoring and Compliance Schedule									
)	PWS Name	Classification	Population	Owner Type	Primary					

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0878034	0878034 MORRIS FIELD AND COMMUNITY PAVILION				NC	25	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
83 EAST SHORE	RD	Connections			1			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule